

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 / 329 320

FILING DATE

APPLICANT

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51						
2				2			52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9				2			59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19			1				69						
20				1			70						
21				2			71						
22				2			72						
23				2			73						
24				2			74						
25				1			75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38				2			88						
39				2			89						
40				1			90						
41							91						
42			1				92						
43							93						
44				2			94						
45							95						
46							96						
47							97						
48			1				98						
49				1			99						
50			1				100						
TOTAL IND.		↓	6	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	54	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS			60				TOTAL CLAIMS						